

☐ Yes

☐ No

# **COMMISSION / COMMITTEE REGISTRATION FORM**

COMMISSION/COMMITTEE  SUBJECT/ADDRESS/TOPIC Major Ave Cake Edge Blv	DATE 3/7/18		
SUBJECT/ADDRESS/TOPIC WOOL OF THE SUBJECT ADDRESS/TOPIC	AGENDA ITEM NO.		
/ Proposed a	55855 west		
YOUR NAME RODE TOWN ADDRESS 40 11 Ma NAVL  Please check the appropriate boxes:  Support  Wish to speak (3 min. limit) Do not wish to speak Available to answer questions  Wish to speak Available to answer questions  At this meeting are you representing an organization or a person other than yourself?  Your ADDRESS  No  NEITHER SUPPORT NOR OPPOSE Do not wish to speak (3 min. limit) Do not wish to speak (3 min. limit) Available to answer questions  Available to answer questions  At this meeting are you representing an organization or a person other than yourself?  Yes No  If you answered "no," STOP; you need not complete the rest of this form.  If you answered "yes," go on to the next questions on the back side of this form.			
If you answered "yes," go on to the next questions on the back si	ide of this form. \ /		
If you answered "yes," go on to the next questions on the back si			
	RM Madison  DATE 3/ 7/18		

If you answered "no," **STOP**; you need not complete the rest of this form.

If you answered "yes," **go on to the next questions on the back side of this form.** 

At this meeting are you representing an organization or a person other than yourself?

COMMISSION/COMMITTEE Public works  DATE 3-7-18  SUBJECT/ADDRESS/TOPIC Davidson, Hegg, major Dexel Llake Edst Blod AGENDA ITEM NO. 6				
The state of the s				
YOUR NAME Melanie Luft YOUR ADDRESS 208 Lake Edge Blud Please check the appropriate boxes:				
NEITHER SUPPORT NOR OPPOSE  Wish to speak (3 min. limit) Do not wish to speak Available to answer questions				
At this meeting are you representing an organization or a person other than yourself?  If you answered "no," STOP; you need not complete the rest of this form.  If you answered "yes," go on to the next questions on the back side of this form.				
COMMISSION / COMMITTEE REGISTRATION FORM  Madison				
2-7-18				
AGENDA ITEM NO.				
AGENDA ITEM NO				
i				

If you answered "no," **STOP**; you need not complete the rest of this form.

At this meeting are you representing an organization or a person other than yourself?

If you answered "yes," go on to the next questions on the back side of this form.

☐ Yes ☐ No



COMMISSION/COMMITTEE	PW	DATE 3/7/18		
SUBJECT/ADDRESS/TOPICA	NOOSTA St. Reconstruction	AGENDA ITEM NO. 6		
		s 202 DAVIDSON ST		
Please check the appropriate boxes:				
SUPPORT	OPPOSE	☐ NEITHER SUPPORT NOR OPPOSE		
☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions	<ul><li>✓ Wish to speak (3 min. limit)</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions		
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If you answered "yes," <b>go</b>	on to the next queenene on the such			
If you answered "yes," <b>go</b>				
COMMISSION / COMMIT	TEE REGISTRATION FO	DRM Madison  DATE Marh -7 - 20/8		
COMMISSION / COMMITTEE	TEE REGISTRATION FO	DRM Madison  DATE Marh -7 - 2018		
COMMISSION / COMMITTEE  COMMISSION/COMMITTEE  SUBJECT/ADDRESS/TOPIC Side  YOUR NAME Steve Rysh	TEE REGISTRATION FO	DRM  DATE March -7 - 2018  AGENDA ITEM NO.		
COMMISSION / COMMITTEE  COMMISSION/COMMITTEE  SUBJECT/ADDRESS/TOPIC Side  YOUR NAME Steve Rysh  Please check the appropriate boxes:	TEE REGISTRATION FO	DRM  DATE Mach - 7 - 2018  AY  AGENDA ITEM NO. 6  108 Davidson 57		

If you answered "no," **STOP**; you need not complete the rest of this form.

At this meeting are you representing an organization or a person other than yourself?

Yes

☐ No

If you answered "yes," go on to the next questions on the back side of this form.



	DATE 3/24	
COMMISSION/COMMITTEE	DATE 0/5	
SUBJECT/ADDRESS/TOPIC DATES POPULATION	AGENDA ITEM NO	
YOUR NAME Jennie Maumanala Your Address	3 206 Nevidson	
Please check the appropriate boxes:		
Попрост	☐ NEITHER SUPPORT NOR OPPOSE	
Jide Della	☐ Wish to speak <i>(3 min. limit)</i>	
☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions ☐ Available to answer questions	Available to answer questions	
If you answered "no," <b>STOP</b> ; you need not complete the rest of this form.  If you answered "yes," <b>go on to the next questions on the back side of this form.</b>		
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COMMISSION / COMMITTEE REGISTRATION FO	ORM Madison	
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COMMISSION/COMMITTEE	DATE Mark-21-2018  AGENDA ITEM NO.	
COMMISSION/COMMITTEE	DATE Mark-21-2018  AGENDA ITEM NO.	
COMMISSION/COMMITTEE  SUBJECT/ADDRESS/TOPIC Davidison St  YOUR NAME STeve Rush YOUR ADDRESS	DATE Mark-21-2018  AGENDA ITEM NO.	
COMMISSION/COMMITTEE  SUBJECT/ADDRESS/TOPIC Davidisan St  YOUR NAME Steve Rush  YOUR ADDRESS  Please check the appropriate boxes:  SUPPORT  Wish to speak (3 min. limit)  Wish to speak (3 min. limit)	DATE M 9 ph - 21-2018  AGENDA ITEM NO. 4  NEITHER SUPPORT NOR OPPOSE  Wish to speak (3 min. limit)	
COMMISSION/COMMITTEE  SUBJECT/ADDRESS/TOPIC Davidisen St  YOUR NAME Steve Russ YOUR ADDRESS  Please check the appropriate boxes:  SUPPORT OPPOSE  Wish to speak (3 min. limit) Do not wish to speak  Do not wish to speak	AGENDA ITEM NO.  AGENDA ITEM NO.  NEITHER SUPPORT NOR OPPOSE  Wish to speak (3 min. limit) Do not wish to speak	
COMMISSION/COMMITTEE  SUBJECT/ADDRESS/TOPIC Davidison St  YOUR NAME Steve Rush  YOUR ADDRESS  Please check the appropriate boxes:  SUPPORT  Wish to speak (3 min. limit)  Wish to speak (3 min. limit)	DATE M 9 ph - 21-2018  AGENDA ITEM NO. 4  NEITHER SUPPORT NOR OPPOSE  Wish to speak (3 min. limit)	

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COMMISSION/COMMITTEE	DATE 3/21/18		
SUBJECT/ADDRESS/TOPIC DAVIDSON 4766	AGENDA ITEM NO		
YOUR NAME MICHAEL O SON YOUR ADDRESS	COOL Hess		
Please check the appropriate boxes:			
SUPPORT	NEITHER SUPPORT NOR OPPOSE		
☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions		
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COMMISSION / COMMITTEE REGISTRATION FOR	M Madison		
COMMISSION/COMMITTEE	DATE 3/21/18		
SUBJECT/ADDRESS/TOPIC	AGENDA ITEM NO. 4		
YOUR NAME PAMOR MCGILIVICALLY YOUR ADDRESS_	404 Dandson St		
YOUR NAME AMOUNT MOUR ADDRESS YOUR ADDRESS Please check the appropriate boxes:	407 Dan Ison St		
YOUR NAME AMAGA MCGI LIVYOUR ADDRESS			

If you answered "no," **STOP**; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.





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# **COMMISSION / COMMITTEE REGISTRATION FORM**

COMMISSION/COMMITTEE Pa	blu warks	DATE_ 3/21/18		
SUBJECT/ADDRESS/TOPIC	1105ow St. PARKING	AGENDA ITEM NO.		
YOUR NAME DAVID SCHALLHAUMER YOUR ADDRESS 202 Davioson				
Please check the appropriate boxes:				
SUPPORT  Wish to speak (3 min. limit)  Do not wish to speak  Available to answer questions	☐ OPPOSE ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	□ NEITHER SUPPORT NOR OPPOSE □ Wish to speak (3 min. limit) □ Do not wish to speak □ Available to answer questions		
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